,	N FINANCE REPORT	4244	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST	MI A I	OFFICE USE ONLY
NAME	Judge Scott	SUFFIX	· Date Received
	DAUIS		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CI	TY: STATE, ZIP CODE	
Change of Address			26 A
5 CAMPAIGN TREASURER NAME	TITLE FIRST S CO A	MI	Receipt # HD / PM Amount
	NICKNAME LAST	SUFFIX	Date Processed
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	· · · · · · · · · · · · · · · · · · ·	Date Imaged
TREASURER ADDRESS (Residence or business)	\$703 ONE OOKR		ZIP CODE 78749
7 CAMPAIGN TREASURER PHONE	AREA GODE PHONE NUMBER (5/2) 892-1/5/	EXTENSION	
8 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
£4.	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED 1	Month Day Year THROU	OGH /2/31	
10 ELECTION	ELECTION DATE  Month  Day  Year  II  // 03/98  Primary	Runoff X	General Special
11 OFFICE	Distre of the Pence	12 OFFICE SOUGHT (if know	n)
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expend Candidates are required to disclose this information onl Name	ditures made by others without the can ly if they receive notification of the dire	didate's prior consent or approval, ct campaign expenditure, **
	Address / PO Box; Apt / Suite #, City: State: Zip	p Code	
add tional pages			
	GO TO P.	AGE 2	

P.O. Box 12070

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

			15 ACCOUNT # (Ethics Commission filers)
4 C/OH NAMESCO	of A. Do	AUIS	
6 SUPPORTING POLITICAL COMMITTEE(S)	This listing inclu	des political expenditures by political committees to support the candidat nout the candidate's or officeholder's knowledge or consent. Candidates a ey receive notice of such expenditures.	e / officeholder. These expenditures may and officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	
ļ	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit be	slow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LCANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 500° F
	2. TOTA	L POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,075°%
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMI	
	4. TOTA	L POLITICAL EXPENDITURES	s15,466.39
OUTSTANDING LOAN TOTALS	5. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TOAY OF THE REPORTING PERIOD	\$ 15,466.37 s 1,000
19 AFFIDAVIT	1		
		I swear, or affirm, under penalty or is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report I information required to be reported by
(*(**)*) N	SICA G. ECKSTRO OTARY PUBLIC State of Texas nm. Exp. 06-07-20		ndidate or Officeholder
AFFIX NOTARY STAN			12th
( // // / ·		said $\frac{S_{cott}A, D_{avis}}{}$ this the _	13 day of January
Signature of officers	2. Edstu administering oath	On Jessica G. Eckstrom  Print name of officer administering oath	Notary Title of officer administering oath
			(Effective 09/01/19

	R THAN PLEDGES OF	CECANS		SCHEDULE
The Ivstau	כחסא Guide explains how to complete th	ls form,	1 Total pages S	ichedula Ar
FILER NA	ME		3 ACCOUNT#	(Ethiop Colorn serion Cere)
Date	5 Full name of contributor			
1/23/98	6 Contributor address; City: State	RAESZ	7 Aniount of contribution (\$	8 In-kind contribution description(If application)
	3755 S, Capt. of TX		750%	
Principal co	realtor realtor	10 Employer (op	tional)	
Date	Full name of contributor  NED Granger  Contributor address: City: State:	Cut of state PAC	Amount of contribution (\$)	in-king contribution description(if applicab
123/98		Zip Code + Awstr, 7X 7870	500%	  - 
Principa! occ	upalion p Horney	Employer (opti	onal)	
Date	Full name of contributor	Out of state FAC	Amount of	
Principal occu	Contributor address; City: State:	L p 3026		
	PBIIQ I	Employer (optic	na')	1
Date	Full name of contributor	OUI of state PAC	Amount of	fa-kind contribution
Date	Full name of contributor  Contributor address: City: State, (		Amount of contribution (\$)	fa-kind contribution description(if applicable)
	Contributor address: City: State, ;	Zip Code	contribution (\$)	la-kind contribution description(if applicable)
incipal occup	Contributor address: City: State, ;		contribution (\$)	la-kind contribution description(if applicable
incipal occup	Contributor address: City: State. : ration  Full name of contributor	Employer (option	contribution (\$)	In-kind contribution description(if applicable)  In-kind contribution description(if applicable)
incipal occup	Contributor address: City: State, ;	Employer (option	contribution (\$)	description(if applicable)
incipal occup	Contributor address: City: State ration  Full name of contributor  Contributor address: City: State, 2	Employer (option  Out of state PAC	Amount of contribution (\$)	description(if applicable)
incipal occup	Contributor address: City: State ration  Full name of contributor  Contributor address: City: State, 2	Employer (option	Amount of contribution (\$)	description(if applicable)

				12) 463-5800 1-800-33
LOANS				SCHEDULE
The Instruction	Guide explains how to complete this fo	orm.	1 Total pages S	Schedule E:
FILER NAME			3 ACCOUNT #	/
S	COHA, DAUIS		3 ACCOUNT #	(Ethics Commission filers)
	UNITEMIZED LOANS:	D D D D	D D	\$
Date of loan	7 Name of lender			
1/03/98	Scott 1 D	Out of state PAC		9 Loan Amount (S)
ls lender a	Scott A. Davis  8 Lender address; City; State;	75-0		/, 000 %
financial Institution?	P.O. Box 9004	Zip Code  3 Auston, 7	x 78707	10 Interest rate
		•		11 Maturity date
Description of Colla	teral			More
X none				
GUARANTOR	14 Name of guarantor			
<u>'</u>	14 Name of guarantor			16 Amount Guaranteed (S)
GUARANTOR INFORMATION  not applicable	14 Name of guarantor  15 Guarantor address; City; State;	Zip Code		16 Amount Guaranteed (S)
GUARANTOR INFORMATION  not applicable	15 Guarante			16 Amount Guaranteed (S)
GUARANTOR INFORMATION  not applicable	15 Guarante	Zip Code  18 Employer		16 Amount Guaranteed (5)
GUARANTOR INFORMATION	15 Guarante	18 Employer		
GUARANTOR INFORMATION  not applicable  Principal Occupation	15 Guarantor address, City; State;			16 Amount Guaranteed (S)  Loan Amount (\$)
GUARANTOR INFORMATION  not applicable  Principal Occupation  state of loan  lender a	15 Guarantor address: City: State;  Name of lender	18 Employer  Out of state PAC		
GUARANTOR INFORMATION  not applicable  Principal Occupation  Date of loan  lender a handial Institution?	15 Guarantor address, City; State;	18 Employer		
GUARANTOR INFORMATION  not applicable  Principal Occupation  late of loan  lender a cancial Institution?	15 Guarantor address: City: State;  Name of lender	18 Employer  Out of state PAC		Loan Amount (S)
GUARANTOR INFORMATION  not applicable  Principal Occupation  Date of loan  Hender a hancial Institution?	15 Guarantor address. City: State;  Name of lender  Lender address. City: State;	18 Employer  Out of state PAC		Loan Amount (\$) Interest rate
GUARANTOR INFORMATION  not applicable  Principal Occupation  Date of loan  Stender a mandial Institution?  N  escription of Collate:	15 Guarantor address. City: State;  Name of lender  Lender address. City: State;	18 Employer  Out of state PAC		Loan Amount (\$) Interest rate
GUARANTOR INFORMATION  not applicable  Principal Occupation  Date of loan  Render a rancial Institution?  N  escription of Collater  none  UARANTOR	15 Guarantor address; City: State;  Name of lender  Lender address, City; State;	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$) Interest rate
GUARANTOR INFORMATION  not applicable  Principal Occupation  late of loan  lender a cancial Institution?  N  escription of Collate: none  UARANTOR	15 Guarantor address. City: State;  Name of lender  Lender address. City: State;	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$) Interest rate
GUARANTOR INFORMATION  not applicable  Principal Occupation  Date of loan  stender a nancial Institution?	15 Guarantor address; City: State;  Name of lender  Lender address, City: State;  al	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$)  Interest rate  Maturity date
GUARANTOR INFORMATION  not applicable  Principal Occupation  Date of Ioan  Stender a mancial Institution?  N  escription of Collate: Inone  UARANTOR IFORMATION	15 Guarantor address; City: State;  Name of lender  Lender address, City: State;  al	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$)  Interest rate  Maturity date

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Ethics Commiss	ion P.O. Box 12070 Austin, T	exas 78711-2070	(512) 463-5800	1-800-325-8506
	AL EXPENDITURES.	·	S	CHEDULE F
	Lat. Abic fo	arm.	1 Total pages Schedu	e F:
he Instruction	Guide explains how to complete this fo		3 ACCOUNT# (Ethics	Commission filers)
TLER NAME			7	Amount
Date	5 Payee name			(\$)
	6 Payee address; City; State; i	Zip Code		
	- Hitera	9 ·· Complete if	direct expenditure to benefit C/OF	Office sought / held
Purpose of expe	enature	Candidate / OI	ficeholder name	
	Payee name			Amount (\$)
Date				
	Payee address; City; State;	Zip Code		-
			<del></del>	
Purpose of exp	penditure	•• Complete i Candidate / C	f direct expenditure to benefit C/C Officenoider name	Office sought / held
		•• Complete i Candidate / C	f direct expenditure to benefit C/C Officeholder name	Amount
Purpose of exp	Payee name	Candidate / C	Officeholder name	
		Candidate / C	Officeholder name	Amount
	Payee name Payee address; City; State;	Zip Code	Officeholder name	Amount (\$)
Date	Payee name Payee address; City; State;	Candidate / C	officeholder name	Amount (\$)
Date  Purpose of ex	Payee name Payee address; City; State;	Zip Code  Complete Candidate /	officeholder name	Amount (\$)  Office sought / he'd

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Taxas Ethios Cemmissian P.O. Bex 12070 Austin, Taxas	78711-2070 (512) 463-8600 1-800-325-85
POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME SCOTT A. DAUIS	3 ACCOUNT # (Etnics Commission Decs)
4 Date 5 Payee name  10/27/48 Curt Steer City: State: Zip Code	
3713 Windson Rel	9 Complete if direct expenditure to benefit C/OH Canddale / Office holder name Office sough! / held
Date Payee name  Traves Co. Clo Payee address: City: State. Zip Code  [0/27/88 Courthouse Author,	
Purpose of expenditure  clerction anglit results at votes	" Complete if direct expenditure to benefit C/OH " Candidate / Office sought / held /
Date Payee name  10/27/88  Payee address: City: State. Zip Code  1902 E. G.H. St. A.	Amount (\$) 4,143 49/xx Austra TX 78702
Purpose of expenditure  Pointing for mailers	Complete if direct expenditure to benefit C/OH Office sought haid  Candidate / Officeroider name
Date Payee name  1 P/28/98 Payee addiess; City: State: Zp Code  2011 Anchor Ln Austr	5,828 <sup>25</sup> / <sub>ky</sub>
Purpose of expenditure  Arithmen Ln Austr	Complete if direct expenditure to benefit C/OH Canodate / Office holder name Office soughs / held
· ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

Texas Ethica Co		(512) 483-8800 1-800-325-850
POLITI	ICAL EXPENDITURES	SCHEDULE F
A The Instruc	тюн Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAM	SCOH A. DAUS	3 ACCOUNT # (Ethics Commission Elecs)
10/27/98	5 Payee name U.S. Postmaster 6 Payee address: City: State: Zip Code OAKHEII Staten Austrity 78	7 Amount (3) \$1,075 5%
Purpose of exp		et expenditure to benefit C/OH
maile	r postage	r Nama Office sought / held
Date 10/27/98		# 60 81/xx
	906 Rio Grande Austin, IX	
Purpose of expo	enditure Complete if direct Candidate / Officenoider	expenditure to benefit C/OH ++ Office sought / held ->
•	enditure Complete if direct Candidate / Officenoider	
mail Date	Payee name  Snant Mail  Payee address: City, Siale: Zip Code  2011 Anchar Ln Aies Am TX 787	Amount (\$)  5 4 14/55
Date  10/27/98  Purpose of exper	Payee name  Snant Mail  Payee address: City, Siale: Zip Code  2011 Anchar Ln Aies Am TX 787	Amount (\$)  5 4 14/  expenditure to benefit C/OH
Date  10/27/98  Purpose of exper	Payee name  Smant Matl  Payee address: City. State: Zip Code  2011 Anchor Ln Acestm TX 787  Inditure  Ton of matter thating  Payee name  Us. S Post mastor	Amount (\$)  5 4 14/55  expenditure to benefit C/OH

Texas Elhice Co.	mmissian P.O. Bex 12070 Austin, Texas 76	711-2070 (812) 463-860	9 1-800-325-850
POLITI	CAL EXPENDITURES		SCHEDULE F
·			
The Instruc	пон Guide explains how to complete this form.	1 Total pages Scheduk	0 F:
2 FILER NAMI	Scott A. Davis	3 ACCOUNT # (Etnica	Commission (Sers)
10/27/98	5 Payee name  ACE Printing  6 Payee address: City; State; Zip Code  P.O. Box 13522 Aus	1 7x 78711-350	Amount (\$)
18 Purpose of exp		9 Complete if direct expenditure to benefit C/OH	
YAnd:	Sign Stokes & printing	Candidate / Officeholder name	Office sought / held
Date 10/27/0	Payee name  OAK Holl CAZEHE  Payee address: City: State. Zip Code  7200 WEST Huy 71 Aust	#	Amount (\$)
1-7198	7200 WEST Hwy 71 Aust	in IX	
Purpose of expe	inditure	Complete if direct expenditure to benefit C/OH Candidate / Officaholder name	*
	Afor insent	- Since the same	Office abught / next /
10/2/198	Payee name Opinion Analyst Payee address: City: State: Zip Code  906 Rio Grande Aust	*3	Amount (\$) 0.7.36/xx
Purpose of exper	I to the state of	Complete if direct expenditure to benefit C/OH	
madi	ny list.		Office sough: / held
Date 10/27/98	Payee address City: State: Zip Code		Amount (\$)
Purpose of expend	2011 Anchor Ln Austo	m, TX 78723	72 '8
Postage	- + cost of mal preparation	Landela / Officaboldes name	Office sought / held
	ATTACH ADDITIONAL COPIES O	F THIS FORM AS NEEDED	

Yexas Elhics Com		Austin, Texes 78711-2070	(512) 463-8800
POLITIC	AL EXPENDITURES		SCHI
The instructs	ON Guide explains how to complete t	his form.	1 Total pages Schedule F:
2 FILER NAME	Scott A. DA.	) [5	3 ACCOUNT # (Ethics Commission
4 Date	5 Payes name		7 Am
11/2/98	Som BIS Coc 6 Payee address: City: S	CAMPAGA	6
	6 Payee address; City; S	laie; Zip Code	95
	809 Rm 600	nde Austra TX	78701 /21
Purpose of exper	nditure :		ect expenditure to benefit C/OH ++
Joint.	~~\.\~		Office 30
Date	Payee name		
1)   1			Amo (\$
12/7/98	ACE Printing Payee address; City; St	ate, Zip Code	111
	P. D. Box 135	22 Austn TX	7777
Purpose of expen		<del></del>	col expenditure to benefit C/OH ··
		Candidate / Officehold	er name Office so
Sign	materials		
5 d 5 m	Payoe name	1./	Amo (\$
		A d /	•
	Payee name Smart M,	At ( ) ( ) ( )	•
	Payee address: City: Size  2011 Anchor L	n Aiston TX 78	8723
12/1/98	Payee address: City: Size  2011 Anchor L	n Aiston TX 78	S723 ct expenditure to benefit C/OH
12/1/98	Payee address: City: Size  2011 Anchor L	n Aiston TX 7	8723 ct expenditure to benefit C/OH
12/1/98	Payee address: City: Size  2011 Anchor L	n Aiston TX 7	8723 ct expenditure to benefit C/OH
Date  12/1/98  Purpose of expense  ACPERA	Payee name  Smart M  Payee address: City: Sie  2011 Anchor L  Siture  Hom + mailing of	- Maylor  Auston TX 7  "Complete if dire Candidate / Officeholds  - Maylor	8723 ct expenditure to benefit C/OH Diffice soc
Date  12/1/98  Purpose of expense  ACPERA	Payee name  Smart M Payee address: City: Siz  2011 Anchor L  Siture  Hon + mailing of  Payee name	- Maylor  Auston TX 7  "Complete if dire Candidate / Officeholds  - Maylor	8723 ct expenditure to benefit C/OH Diffice soc
Date  12/1/98  Purpose of expense  ACPERA	Payee address: City: Size  2011 Anchor L  Siture  Hon + mailing of  Payee address; City: Sta	- MAH GT  Auston TX 70  "Complete if dire Candidate / Officeholds  And John September 1 (1)  (e) 2tp Code	8723 ct expenditure to benefit C/OH priname Office soci
Purpose of expendence  ACFUSA  Date	Payee address: City: Size  2011 Anchor L  Siture  Hon + mailing of  Payee address; City: Sta	- MAH GT  Auston TX 70  "Complete if dire Candidate / Officeholds  And John September 1 (1)  (e) 2tp Code	ST23 ct expenditure to benefit C/OH priname Office soc  Amoc (\$)

he Instruc	mon Guide explains how to complete this form.	1 Total pages Schedule G:
FILER NA	ME	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name	8 Amount (S)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address: City: State; Zip Code	
	Purpose of expenditure	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	Reimbursement from political contributions

1-800-325-8506

The Instruc	CTION GUIDE explains how to complete this f	orm. 1 Total pa	ges Schedule H:
FILER NA	ME	3 ACCOU	NT # (Ethics Commission filers)
Date	5 Business name		7 Amount (S)
	6 Business address; City; State;	Zip Code	
Purpose of	payment	9 •• Complete if direct exp Candidate / Officeholder name	penditure to benefit C/OH •• Office sought / held
Date	Business name		Amount (S)
	Business address; City; State;	Zip Code	,
Purpose of	payment	Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH ** Office sought/ held
Date	Business name		Amount (\$)
	Business address; City; State;	Zip Code	
	f paymont	Complete if direct exp Candidate / Officeholder name	penditure to benefit C/OH Office sought / held
Purpose of	г раушен <b>.</b>		
Purpose of	Business name		Amount (\$)
	Business name	Zip Code	

1-800-325-8506

Austin, Texas 78711-2070

	THON GUIDE explains, how to complete this form.	1 Total pages Scheduli	e 1:
FILER NA	ME	3 ACCOUNT # (Ethics	Commission filers)
Date	5 Payee name	. 8	Amount (\$)
	6 Payee address; City; State; Zip Code		
	7 Purpose of expenditure		
Date	Payee name		Amoun (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure		
Date	Payee name		Amoun
	Payee address; City; State; Zip Code		(\$)
	Purpose of expenditure		
Date	Payee name		Amoun (\$)
	Payee address; City; State; Zip Code		.,
	Purpose of expenditure		
			Amoun (\$)
Date	Payee name	1	(4)
Date	Payee name  Payee address; City; State; Zip Code		

(512) 463-5800 1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070

CREDI	TS (optional)	SCHEDULE
The Instruct	ทอง Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NA	ME	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name Payor address: City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name  Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name  Payor address: City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name  Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

	DESIGNATION OF FINAL REPORT				
		OH Instruction Guide explains how to complete this form.  aplete only if "Report Type" on C/OH page 1 is marked "Final F	eport" ••		
1	C/OH N	IAME	2 ACCOUNT # (Ethics Commission filers)		
3	SIGNA	TURE			
	a rep	ot expect any further political contributions or political expenditures in connection with ortias a final report terminates my campaign treasurer appointment. I also und outions or make any campaign expenditures without a campaign treasurer appointm	erstand that I may not accept any campaign		
		<u></u>	gnature of Candidate / Officeholder		
4	FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are a candidate ••				
	Α.	CAMPAIGN FUNDS			
	Chec	conly one:	_		
		I do not have unexpended contributions or unexpended interest or income earned	from political contributions.		
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254,204.			
	В.	ASSETS			
		conly one:  I do not retain assets purchased with political contributions or interest or other inco	me from political contributions.		
		I do retain assets purchased with political contributions or interest or other income may not convert assets purchased with political contributions or interest or other use. I also understand that I must dispose of assets purchased with political contribution Code, § 254.204.	ncome from political contributions to personal		
			Signature of Candidate		
5		EHOLDER  Slete this section <i>only</i> if you are an officeholder ••	A.A		
		I am aware that I remain subject to filing requirements applicable to an officeholder when	o does not have a campaign treasurer on file.		
			Signature of Officeholder		